PTO/SB/05 (03-01) Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorr	ney Docket No.	RPS6097-US	TO
First li	nventor	Tanner et al.	n c
Title	APPARATUS AN ENCAPSULATED	D METHOD FOR MFG. PRODS.	U.S.

	ENCAPSULATED PRODS.					
xpre	ss Mail Label No.	EL 867967296 US				

(Only for new nonprovision	nal applications under 37 CFR 1.53(b))	Express	Mail Label No.	LL 0070	0120				
APPLICATION ELEMENTS			ADDRESS TO: Assistant Commissioner for Pater Box Patent Application						
See MPEP chapter 600 cond	cerning utility patent application contents	.	Washington, DC 20231						
1. Fee Transmittal For (Submit an original and a Applicant claims s	om (e.g., PTO/SB/17) duplicate for fee processing) mall_entity_status	7.	CD-ROM or CD- Computer Progr	am (<i>Appendi</i>	x)				
2. See 37 CFR 1.27.			cleotide and/or Amir applicable, all neces		ence S	ubmission			
3. Specification (preferred arrangement)	а. [Computer Readable Form (CRE)							
- Descriptive title of the invention			b. Specification Sequence Listing on:						
 Cross Reference to Related Applications Statement Regarding Fed sponsored R & D 			i. CD-ROM or CD-R (2 copies); or						
 Reference to sequence listing, a table, or a computer program listing appendix 			ii. 🔲 paper						
- Background of	the Invention	c.	Statements ve	rifying identit	y of ab	ove copies			
- Brief Summary			ACCOMPANYIN	IG APPLIC	CATIC	ON PARTS			
- Detailed Descri	n of the Drawings (<i>if filed</i>) ption	9.	Assignment Pa						
- Claim(s) - Abstract of the	Disclosure	10.	37 CFR 3.73(b	•		Power of Attorney			
	ISC 113) [Total Sheets 15	, 11.	(when there is English Transla		ent <i>(if a</i>	•			
4. Drawing(s) (35 U	I.S.C. 113) [Total Sheets 13]	1 12.	Information Dis	sclosure		Copies of IDS			
· · · · · · · · · · · · · · · · · · ·	uted (original or copy)	, l ₁₃ , [Statement (IDS	•	•	- Citations			
Copy from a	i prior application (37 CFR 1.63 (d)) tion/divisional with Box 18 completed)	14.	Patura Pagaint Postcard (MDED 503)						
i. DELET	ION OF INVENTOR(S)	15.	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)						
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR		16	16 Nonpublication Request under 35 U.S.C. 122						
1.63(d)(2) and 1.33(b).			(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.						
6. Application Data	Sheet. See 37 CFR 1.76	17.	Other:		· · · · · · · · · · · · · · · · · · ·				
	CATION, check appropriate box, and su	pply the requ	isite information be	low and in a p	orelimir	nary amendment,			
or in an Application Data She	eet under 3 / CFR 1.76: Divisional Continuation-in-part (CIP	١	of pulsus continution block						
Prior application information:	Examiner:	,	of prior application No.: Group Art t	Int					
• •	ONAL APPS only: The entire disclosure of	the prior app			aration	is supplied under			
Box 5b, is considered a part of	f the disclosure of the accompanying conti relied upon when a portion has been inady	nuation or div	isional application a	nd is hereby ir	ncorpor	ated by reference.			
	19. CORRESPON								
		1017 N. 1218	23 <u> </u>						
Customer Number or Bar Co	Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below								
Name	Name Donald O. Nickey								
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Address 7000 Cardinal Place									
City	Dublin	State	Ohio	Zip C	Code	43017			
Country United States Tele		elephone	(614) 757-55	642 Fe	ax	(614) 757-2243			
Name (Print/Type)	Dønald O. Nickey	Reg	istration No. (Attor	rney/Agent)		29,092			
Signature	Date 11/02/2001								
<u> </u>	Would V. Jecky				<u> </u>				

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

			44.3
(\$)	\$77	0	
	TI	- 4	

Complete if Known							
Application Number							
Filing Date	November 2, 2001						
First Named Inventor	Keith Tanner						
Examiner Name							
Group Art Unit							
Attorney Docket No.	RPS6097	×					

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)					
Check Credit card Money Other None				3. ADDITIONAL FEES					
X Deposit Account:				Large Entity Small Entity					
Deposit		-0256	Fe				Fee Description	Fee Paid	
Account Number	30	-0230	10:	.,,	205	ie (\$) 65	Surcharge - late filing fee or oath		
Deposit Account	Cardina	Health, Inc.	127		227	25	•		
Name The Commission	<u> </u>	······································	12	, Jo	44.	20	Surcharge - late provisional filing fee or cover sheet		
	e(s) indicated bel	ized to: (check all that apply) ow	139	130	139	130	Non-English specification	<u> </u>	
		s) during the pendency of this applica		2,520	147	2,520	For filing a request for ex parte reexamination		
		ow, except for the filing fee	112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
	tentified deposit		113	3 1,840	1113	1.840*	Requesting publication of SIR after		
	FEE CA	ALCULATION	i			•	Examiner action		
1. BASIC F			115		215	55	Extension for reply within first month		
Large Entity Fee Fee	Small Entity Fee Fee	Fee Description	116		216	200	Extension for reply within second month		
Code (\$)	Code (\$)	Fee Paid			217	460	Extension for reply within third month		
101 740	201 370	Utility filing fee 740.00	7	1,440	218	720	Extension for reply within fourth month		
106 330	206 165	Design filing fee] [1,960		980	Extension for reply within fifth month		
107 510	207 255	Plant filing fee	119		219	160	Notice of Appeal		
108 740	208 370	Reissue filing fee	120		220	160	Filing a brief in support of an appeal		
114 160	214 80	Provisional filing fee] 121		221	140	Request for oral hearing		
SUBTOTAL (1) (\$) 740.00			1 5	1,510	1	1,510	Petition to institute a public use proceeding	———	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			J 140		240	55	Petition to revive - unavoidable		
		Fee from		1,280	241	640	Petition to revive - unintentional		
Total Claims	21 -20**		142	1,280 460	242	640 230	Utility issue fee (or reissue)	f	
Independent Claims	4 -3**		144		244	310	Design issue fee Plant issue fee		
Multiple Deper	ndent		122		122	130	Petitions to the Commissioner		
		——————————————————————————————————————	123	50	123	50			
Large Entity			126		126	180	Processing fee under 37 CFR 1 17(q) Submission of Information Disclosure Stmt		
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description	581	40	581	40			
103 18	203 9	Claims in excess of 20	301	40	361	40	Recording each patent assignment per property (times number of properties)		
102 84	202 42	Independent claims in excess of 3	146	740	246	370	Filing a submission after final rejection		
104 280	204 140	Multiple dependent claim, if not paid	149	740	249	370	(37 CFR § 1.129(a))		
109 84	209 42	** Reissue independent claims over original patent	1 '*	740	249	3/0	For each additional invention to be examined (37 CFR § 1.129(b))		
110 18	210 9	** Reissue claims in excess of 20	179	740	279	370	Request for Continued Examination (RCE)		
		and over original patent	169	900	169	900	Request for expedited examination		
	SUB	(\$) 51.00	Othe	of a design application Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above				*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)					
or names, previously paid, if greater, For Reissues, see above					Daoid	o i ming	Teer aid CODIOTAL (3) (4)		

SUBMITTED BY	Complete (if applicable)				
Name (PrintiType)	Donald O. Nickey	Registration No. (Attorneyl Agent)	29,092	Telephone	(614) 757-5542
Signature	Honold O. 1 Estrey			Date	Nov. 2, 2001

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CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.10

Date of Deposit: 11/2/01

I hereby certify that this correspondence is being deposited with the U.S. Postal Service, with sufficient postage, as U.S. Express Mail No. EL 867967296 US in an envelope addressed to the Assistant Commissioner for Patents, BOX – PATENT APPLICATION, Washington, D.C. 20231

Jennifer Warner